

Send completed application to:  
 ADSA/TCDU  
 P.O. Box 45600, Mail Stop 45600  
 Olympia, WA 98504  
 Phone: 360-725-2548  
 FAX :360-725-2646

# **DEMENTIA SPECIALTY TRAINING** **INSTRUCTOR APPLICATION FOR INDEPENDENT TRAINERS** (Revised 10/02)

NAME (Last, First, and Middle Initial)				EMAIL ADDRESS:			
MAILING ADDRESS (Include apartment number, if any)				HOME TELEPHONE (include area code)			
CITY	COUNTY	STATE	ZIP	WORK (OR MESSAGE) TELEPHONE			
PHONE NUMBER FOR STUDENT REGISTRATION:				FAX:			
AGE: (Must be 21 or older)							

## **Which classes are you applying to teach?**

Manager Dementia ☐, Caregiver Dementia ☐

Where do you plan to teach the class(es)?

## **Professional License**

If you have a health care or social services license or certification in Washington State, what kind of license or certification is it?

What is the license number?              What is the expiration date?

Is your professional license or certification encumbered or otherwise limited due to disciplinary or other actions? **Yes** ☐ **No** ☐

If yes, describe.

## **Part I. Teaching Experience**

**INSTRUCTIONS: Below, list experience in teaching adults in dementia or closely related subjects. IMPORTANT! Be careful to give complete information. The WACs require documentation of 200 hrs of teaching adults in dementia or closely related subjects. Attach additional sheets if needed.**

1.	Employer	Employer's Address				Employer's Phone Number (include area code): (     )     -			
Your Title		Dates <b>Employed</b> in this position				Dates <b>Teaching</b> in this position			
		From:      To:		Total Months		From:      To:			
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				Grand total hours teaching for all months			
Describe teaching experience below									
Kind of teaching (CE, in-service, seminars, classroom, college, etc.)	Subject taught (If you taught the same subject repeatedly, please combine them on one line)	Average class size	From (date)	To (Date)	Average hrs per month	Total months teaching this subject	Total hours	Included competency testing? Yes/No	

2.	Employer	Employer's Address				Employer's Phone Number (include area code): (      )      -			
Your Title		Dates <b>Employed</b> in this position				Dates <b>Teaching</b> in this position			
		From:      To:		Total Months		From:      To:			
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				Grand total hours teaching for all months			
Describe teaching experience below									
Kind of teaching (CE, in-service, seminars, classroom, college, etc.)	Subject taught (If you taught the same subject repeatedly, please combine them on one line)	Average class size	From (date)	To (Date)	Average hrs per month	Total months teaching this subject	Total hours	Included competency testing? Yes/No	

3.	Employer	Employer's Address				Employer's Phone Number (include area code): (      )      -			
Your Title		Dates <b>Employed</b> in this position				Dates <b>Teaching</b> in this position			
		From:      To:		Total Months		From:      To:			
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				Grand total hours teaching for all months			
Describe teaching experience below									
Kind of teaching (CE, in-service, seminars, classroom, college, etc.)	Subject taught (If you taught the same subject repeatedly, please combine them on one line)	Average class size	From (date)	To (Date)	Average hrs per month	Total months teaching this subject	Total hours	Included competency testing? Yes/No	

4.	Employer	Employer's Address				Employer's Phone Number (include area code): (      )      -			
Your Title		Dates <b>Employed</b> in this position				Dates <b>Teaching</b> in this position			
		From:      To:		Total Months		From:      To:			
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				Grand total hours teaching for all months			
Describe teaching experience below									
Kind of teaching (CE, in-service, seminars, classroom, college, etc.)	Subject taught (If you taught the same subject repeatedly, please combine them on one line)	Average class size	From (date)	To (Date)	Average hrs per month	Total months teaching this subject	Total hours	Included competency testing? Yes/No	

## **Part II. Work Experience**

**INSTRUCTIONS.** Below, list your direct work experience with people who have dementia. *Attach additional sheet(s), if needed. The WACs require two years full-time direct work experience (4160 hours) with people who have dementia. It may be paid or unpaid experience.*

1.	Employer	Employer's Address			Employer's Phone Number (include area code): (     )     -
Your Title:		Months & Years Employed In this Position:			
		From:	To:	Hrs/wk:	Total months employed:
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Total hours direct work experience
Specific Duties:					

2.	Employer	Employer's Address			Employer's Phone Number (include area code): (     )     -
Your Title:		Months & Years Employed In this Position:			
		From:	To:	Hrs/wk:	Total months employed:
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Total hours direct work experience
Specific Duties:					

3.	Employer	Employer's Address			Employer's Phone Number (include area code): (     )     -
Your Title:		Months & Years Employed In this Position:			
		From:	To:	Hrs/wk:	Total months employed:
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Total hours direct work experience
Specific Duties:					

### **Unpaid work experience**

4.	Reference for unpaid work experience	Address			Phone Number (include area code): (     )     -
		Dates working with people with dementia:			
		From:	To:	Hrs/wk:	Total months:
May we contact this reference? Yes/No					Total hours direct work experience
Who did you work with? What duties did you perform?					

### **Part III. Education**

**INSTRUCTIONS:** Below, list post high school training, including college and other relevant education. *If more space is needed, copy this blank form or attach additional sheets. The WAC requires a bachelor's degree, registered nurse, or mental health specialist, with at least one year of education on subjects directly related to the specialty area you want to teach.*

*The one year of education may be in seminars, conferences, continuing education, or college classes. One year of education equals 24 semester hours, 36-quarter hours, or 192 hours in seminars, conferences, or continuing education.*

**Bachelor's degree:** Year:            College or University:            , City & State

**Registered Nurse:**

**Mental Health Specialist:** Attach verification

#### **Training in college classes**

School Name and Location	Month and Year Attended		Credits Earned		List classes in specialty area
			Qtr.	Smstr.	
	From	To			
	From	To			
	From	To			
	From	To			
	From	To			

#### **Training in seminars, conferences, and continuing education**

Name of seminar, conference, or continuing education in specialty area	Month and Year Attended	Hours	Name of training sponsor

### **Part IV. Assessment and Testing Experience**

1. If you did not list experience assessing skills and competency testing as part of your teaching experience, have you had other experience, or training, in assessing skills and competency testing? Yes ☐ No ☐

*If yes, please describe your experience or training. Attach additional sheets if needed.*

SIGN HERE:

DATE:

**DATE AND SIGN**

**TO BE ACCEPTED, YOU  
MUST SIGN AND DATE  
THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application .